

File No:

2952

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Name: NIDHI RAJESH SHENOY				- 10 To 100 To 1
Mobile no.: 050 3512585 Email: shenoy n 03 @ gmail. com				
Date of Birth: 13 /11 / 2003 Sex: OM • F	Nationality: INDIAN			
How do you know about us? Family or Friends O Internet		ewspape		○ Others
MEDICAL HISTORY				
Certain medical conditions can affect dental treatment and vice v	versa.			
Please complete this form by answering the questions.				
Chief Complaint:				3991
All details will be strictly confidential.	Yes	No	01	thers, Please Specify
Are you under a physician's care now?		49		
Are you taking any medications, pills, or drugs?		V		
Have you ever been hospitalized or had a major operation?		1/		
Have you ever had any complications following dental treatment?		/		
Are you a smoker?		/		
Do you have, or have you had any of the following		V		
○ High Blood Pressure ○ Low Blood Pressure ○ Rheumatic Fev	er		○ Fai	nting / Seizures
Asthma Heart Attack Epilepsy	Leukemia			
Heart Disease	Ŏ			
○ Thyroid Problem ○ Diabetes ○ Tuberculosis	<u> </u>			
Stroke Arthritis Cancer	AIDS/HIV Infection			
Creutzfeldt–Jakob disease (CJD) Others, Please Specify				
Are you allergic, or have you reacted adversely to any of the following:				
Local anesthetics (Novocaine)	Yes	No	Ot	hers, Please Specify
Penicillin or other antibiotics	-	X		
Asperin or Ibuprofen		X		***
Reactions to metals		X		
Latex or rubber dam				
Foods		X		
Additional questions for women.	Vos			h pl c
Are you pregnant or trying to get pregnant?	Yes	No	Oti	hers, Please Specify
if yes, expected delivery date:		X		
Are you taking oral contraceptives?		V		
PLEASE SELECT THE NUMBER THAT BEST REPRESENTS YOUR O	LIRRENT	PAIN IN	ITENSIT	V
No Pain OOOO A HURTS LITTLE BIT Moderate Pain	(e)	2	15	10 HURTS VORST
0 1 2 3 4 5 6	7	8	9	10